From: Gilmour, Margi <margi.gilmour@okstate.edu>
Sent: Thursday, October 03, 2019 5:38 PM CDT
To: Nafe, Laura <nafe@okstate.edu>
CC: Lyon, Shane <shane.lyon@okstate.edu>
Subject: RE: Jonathan Rivera-Pierola advisee

Thank you very much. My meeting went pretty much as would be expected. ;)

No mention of a grade appeal, however.

From: Nafe, Laura <nafe@okstate.edu>
Sent: Thursday, October 03, 2019 2:41 PM
To: Gilmour, Margi <margi.gilmour@okstate.edu>; Lyon, Shane <shane.lyon@okstate.edu>
Subject: Re: Jonathan Rivera-Pierola advisee

Hi Margi,
I agree with everything Shane said in his email regarding Jonathan's performance and the timing of things that happened during the rotation.

One thing that I did not mention in his evaluation on E-value (that perhaps I should have) is that I had 3 separate people (2 doctors and a technician) approach me regarding concerns that Jonathan was dishonest. I did not include these situations in his evaluation, because I did not witness these specific instances. While I trust the 2 doctors (Dr. Moore and Dr. Irizarry) and technician (Marla) that they would not make up these scenarios, I wanted to give Jonathan the benefit of the doubt and perhaps these were more of a miscommunication than a blatant lie. However, after meeting with him on Monday, September 30th, I believe that these situations were likely to be dishonesty on his part and not a misunderstanding or miscommunication. There are just too many examples of situations like this during his time on medicine and ER. I have explained the 2 situations that I am referencing below.

1. Jonathan saw a recheck of a chronic medicine patient (Pee Wee Walker) who has IMHA and has been managed the past few years at OSU with various immunosuppressive medications and a splenectomy. He has had many recheck evaluations during that time. His owner is very well educated on his medications and disease. When Dr. Moore asked Jonathan what medications PeeWee was receiving, Jonathan told Dr. Moore that PeeWee was not receiving any medications. When Dr. Moore informed Jonathan that he knows PeeWee is on medications (as he is very familiar with PeeWee's case). Jonathan replied that he asked the owner and she was not sure what medications PeeWee was receiving or prescribed. This owner knows exactly what medications this dog is receiving. So either he didn't ask her and said he did. Or he did ask her and he didn't ask it in a way that allowed her to properly answer the question? I think the first possibility is most likely (but that is my opinion). Marla approached me about this case separate from Dr. Moore and was concerned that "Jonathan lied to Dr. Moore about PeeWee." Marla is not the type of come talk to me about student performance so this concerned me. This case was on the last week of the rotation (Tuesday 9/24).
2. Dr. Nikol Irizarry saw a case on emergency with Jonathan on 9/14/19 (Rex #191358) that I did not hear about until the last week of the rotation. She informed me that Jonathan asked if he could leave at the end of his shift. She asked him if the ICU sheet had been completed for Rex and if so he could go. He informed her that he had completed the ICU sheet. She let him go and then an hour later she noticed that the ICU sheet was not complete. None of the inside was highlighted and not all of the medications were included on the inside of the ICU sheet. When the technician on ICU called Jonathan about this he told them that Dr. Irizarry told him he didn't have to complete the ICU sheet. So again, a case of either him being dishonest OR a misunderstanding or miscommunication between Jonathan and Dr. Irizarry.

These are just a few examples of big concerns regarding his honest and communication skills. Like Dr. Lyon said, this is much deeper than a few mishaps with communication. He was frequently not prepared for his cases, did not complete medical records, medical records were inaccurate, ICU treatment sheets were both late and inaccurate (including significant medication errors in dosages or frequency that could have been fatal depending on the medication), and an overall lack of work ethic in my opinion. He is fairly smart in some areas demonstrated by his rounds knowledge and even knowledge about his inpatients when rounding on the morning of Thursday, Sept 26th. He knew what medications his patients (Milo and Lucy) were receiving and why they were receiving those medications. So I know he has the skills. In my opinion, he doesn't seem to care enough about his performance to rise to his full potential and this could lead to significant errors in case management if he were to pass medicine and not have to repeat this rotation to improve his educational experience.

I have included the evaluations from Dr. Adam Moore (3rd year resident) and Dr. Sam Bailey (2nd year resident). This includes their comments. I condensed the comments for his official evaluation on E-value so he has not seen these comments word for word.

I also know that the situation with Milo's discharge on Saturday, Sept 28th was also a big concern. I have included a series of group-me texts from his conversation with Dr. Moore regarding Milo's discharge. I do think Dr. Moore could have communicated his expectations for Jonathan's presence for the discharge better; however, Milo was Jonathan's patient for almost an entire week. I would hope that he would be interested in being present for the discharge. He did work from Friday at 7am - 11 pm and then Saturday from 2 am to 7 am. However, that would have given him approximately 5 hours to sleep (accounting for an with an hour to get home and fall asleep and an hour to wake up and get ready) before the discharge. He was clearly awake and texting Dr. Moore via group-me at 1:03 pm on Saturday (discharge was scheduled for 2 pm). He also should have never left that morning (Saturday morning) without touching based with Dr. Moore about his inpatient (Milo).

Exhibit 5

Another example that I mentioned, but wanted to expand on was a case I saw with Jonathan on 9/25 (also the last week of the rotation). This was a recheck lymphoma patient that is underlying chemotherapy. He did not seem to know that this patient had received mitoxantrone (chemo) the week prior and was only here for bloodwork. He told me she was due for mitoxantrone (which the discharge is very clear this is not the case). He could not explain to me why we would be checking bloodwork on this patient 1 week post-chemotherapy. Again, even if you don't know that it is standard to check white blood cell count 1 week post-mitoxantrone, this demonstrates to me that he did not read the prior discharge, as it very clearly states why the patient was returning on 9/25. I am attaching a copy of his attempt at the discharge for this patient which also lists a complete neurological exam. I did not witness him performing a full neuro exam (neither did I at this visit), but I guess it is possible he did this when I was not around. But to me, this is again an example of him being lazy with a lack of attention to detail, as many aspects of the discharge are incorrect or were not performed at this visit (see the highlighted portions).

I am happy to discuss more in person. Sorry this is so long and late. Thanks for your help!
Laura

Below are comments from both residents regarding Jonathan's performance:

I had a number of cases with Jonathan and he was consistently not prepared to discuss the case with the clinican. He displayed blatant dishonesty when presenting the case and often failed to ask key questions when gathering a history. For example, PeeWee Walker was one of the rechecks he signed up for and he initially stated PeeWee was not currently prescribed any medications at the time of recheck. I disagreed with him given I am very familar with PeeWee's history. He then stated the owner was not aware of the current medications that PeeWee was prescribed. These are contradictory statements. Jonathan was a poor communicator with regard to hopitalized in patients and was never present in ICU at 7:15 to discuss our hospitalized in patient (Milo Butler). Jonathan was consitently late with having the treatment sheet completed and the document contained multiple errors each day. Often the drug calculations were incorrect and ICU called Jonathan into the ICU each morning to correct these inaccuracies. Jonathan also did not complete Milo's 7am treatments and would frequently only write the respiratory rate. When I asked Jonathan why Milo was not receiving a physical examination every morning he replied that Milo was sleeping and he did not want to wake him. Interestingly, Milo consistently had values written for the 7am TPR and ICU mentioned to me that a physical examination was not performed. Jonathan also failed to be present for Milo's discharge from the hospital despite a verbal communication I had with him in the hallway on Friday afternoon. I had told him that the owner would arrive at the hospital at 2pm. Jonathan did not show for the discharge despite our communication via groupme at 1pm, one hour prior to discharge. The medical record for Milo was below average and did not contain a cohesive summary of Milo's medical problems despite Milo being hospitalized for an extended period of time. I feel that Jonathon should have to repeat the small animal rotation and should take ownership of his cases. The dishonesty is also concerning.

Medical records are frequently incomplete, late, and erroneous. Patient care is minimal at best, student made ICU do all of his physical exams for hospitalized patients. Treatment sheets were significantly late every morning (30-60 minutes). Incomplete histories taken from owners. Student had complete physical exams when he did perform them. Did not read up on cases or have a solid knowledge base. Overall, his attitude was not professional and he was not interested in learning. Student would leave without talking with the clinician, even before all of his patients were discharged.

Laura A. Nafe, DVM, MS, DACVIM (SAIM)
Assistant Professor, Small Animal Internal Medicine
Oklahoma State University

From: Gilmour, Margi <margi.gilmour@okstate.edu>
Sent: Wednesday, October 2, 2019 8:43 AM
To: Lyon, Shane <shane.lyon@okstate.edu>; Nafe, Laura <nafe@okstate.edu>
Subject: RE: Jonathan Rivera-Pierola advisee

Thank you so much. This will help me a lot if I have to meet with him. It will put an end to the he-said/she-said business.

From: Lyon, Shane <shane.lyon@okstate.edu>
Sent: Tuesday, October 01, 2019 8:41 PM
To: Gilmour, Margi <margi.gilmour@okstate.edu>; Nafe, Laura <nafe@okstate.edu>
Subject: Re: Jonathan Rivera-Pierola advisee

Hi Dr. Gilmour,

I can fill you in on the case I was involved with (Lucy) and I am cc'ing Laura to provide additional information on the other instances. Lucy was in the hospital Monday to Friday of last week. I was off clinics, but she is a long term patient of mine and I was the clinician on the case. I would arrive in the morning (before 7:00 in most instances) to look at her and see how she did overnight. Jonathan routinely did not have his ICU orders completed by 7:30 in the morning, there was maybe 2 days out of 4 that he did. He never initiated communication with me (text, GroupMe, email, phone call) about how he thought Lucy was doing. I had to check in with him and instigate those conversations. This included both morning and afternoon/evening assessments of her. The only time that he would message me was if she was out of a medication that I needed to fill from pharmacy or if she was regurgitating. His discharge instructions for this visit were copied and pasted from her prior visit in August. At that time we suspected she had a bacterial infection in her airway. This visit was comprised of a fracture of her tracheal stent, suspected granulation tissue in her trachea, and suspected infection in her airway +/- pneumonia. When she was scheduled to be discharged, there were several medications which she had been on for >24 hours orally in hospital (metoclopramide, enrofloxacin, and maropitant) that were not included in her discharge instructions. He did have the amoxi/clav in her discharges, but that information was copied and pasted from he previous visit. I essentially wrote the discharges so that she could be discharged on time. He was in grand rounds when she was discharged and I discharged her alone (which is totally fine - just letting you know in case that is brought up). He should have had ample time to draft complete and accurate discharges, but failed to do

so. So, my perspective was that he didn't communicate with me at all about her case. Granted, I was off clinics and not readily available, so again I am willing to forgive many of these issues. However, SAIM utilize GroupMe (a group message app) to communicate with each other about patients.

The rest of the concerns I will need Laura to help clarify if I am misunderstanding. Another case, PeeWee, which was seen by Dr. Moore is a long term patient of SAIM. He was presented for routine recheck. Jonathan informed Dr. Moore that PeeWee was on no medications. Marla was a witness to this conversation. PeeWee is on several medications for a chronic disease. This was confirmed by the owner when Dr. Moore asked her. It appeared that Jonathan didn't ask the client this information, but when questioned by Dr. Moore he essentially lied about the information (again confirmed by Marla). There was another instance were Laura was concerned that he was being dishonest. It revolved around his ER shift. Laura was informed that he failed to complete his ICU treatment sheet for a patient that was seen on ER. When asked about this, he informed us that Dr. Irizzary told him he didn't need to do the ICU treatment sheet and that he could go home. Dr. Irizzary recalls the story differently and reports that she told him to do so before he left. She called him and him come back to complete the paperwork. As these both MAY have been some communication problems, we elected to leave this out of his final grade report but we do feel strongly that he lied to us on 2 occasions.

As far as the situation around discharging his patient on Saturday (last Saturday of the rotation). He was on SAIM on Friday. He had an ER shift from 5:00 PM to 11:00 PM on Friday. He then went home, but was called back in at 2:00 AM. He was there until just before 8:00. He left the hospital before Dr. Moore had a chance to speak with him about his inpatient Saturday morning, which was the patient that was scheduled for discharge. Dr. Moore, having no idea that he was in the hospital all night. did text him to inquire about discharging the patient. There was no reply. When asked about this he told us that we was sleeping and didn't receive the text. That is completely fine. However, it was his responsibility to remain in the hospital to speak with Dr. Moore (or Dr. Nafe) regarding his in-patient before leaving for the day. Had he done this we would have known that he was in the hospital all night and would not have expected him to be present for the patient's discharge. We tell the students in orientation (and it is in the syllabus) that it is their responsibility to inform us in the morning if they were on ER the previous night. If so, we will gladly send them home to sleep and excuse them for the day. He failed to do so. When Laura and I asked him about this on Monday morning, when we informed him that we were going to give him a 'D' for the rotation, his reply was that we should know who was on ER the previous day. We informed him that yes, there is a schedule for ER, but we have no idea which students leave for the day at 11:00 PM (when the scheduled shift is over) and which students are there longer. Students on ER are not always there until 7:00 or 8:00 in the morning and we cannot keep up with their individual schedules. So yes, Dr. Holyoak is correct that we as a service failed to realize that he was supposed to be off that Saturday after working for nearly 24 hours. However, it was his responsibility to communicate that information to us, which he did not do.

He did not receive a mid-block evaluation. The first week I was on clinics. He had 1 inpatient (with Dr. Clark I believe) and there were a few missteps. We attributed those to this being his first rotation ever and moved on. The second week was slower for him (no inpatients and lots of rechecks) and his deficiencies were not obvious. The third week was when all of these aforementioned problems arose.

This is beyond the requested highlighted information, but my final comment is that he did not fail for poor communication alone. There were several other grading criteria which places him in jeopardy of failing. The most significant of these was repeated mistakes/oversight for patient treatment orders. I am completely willing to overlook a single incident where a medication dose is listed incorrectly or where treatment times are misidentified. However, I pointed these mistakes out to him and the very next day he failed to highlight the correct times for a medication to be given - the SAME drug as the day before. To me this conveys one of two things: a lack of attention to detail or an apathetic approach to patient care. Either one, in my opinion, constitutes grounds for failure, even without the communication problems.

Laura - please clarify if I have made any mistakes and to expound on anything beyond what I have listed here.

Dr. Gilmour, please let us know if there are any additional points of clarification needed. I am sure that either one/both of us would be happy to meet with you in person if that would help.

Shane

On Oct 1, 2019, at 7:12 PM, Gilmour, Margi <margi.gilmour@okstate.edu> wrote:

Just so I have all my ducks in a row if I meet with this student, can you comment on highlighted section?

From: Holyoak, Reed <reed.holyoak@okstate.edu>
Sent: Tuesday, October 01, 2019 3:53 PM
To: Gilmour, Margi <margi.gilmour@okstate.edu>
Subject: RE: Jonathan Rivera-Pierola advisee

Margi,

I just spoke with Jonathan.He didn't have a mid-block evaluation. There seems to be some significant communications lapses. I believe as in all of these, there was a lack on both sides. He has texts and timelines that suggest that communications to him during the day after he had filled an all-night ICU shift did not recognize that he was to be off.

I did not communicate that to Johnathan, however. He did have a personal issue with his father being in an accident and in the hospital that may have affected his performance too. But we all must be professional.

I asked him to come visit with you. I am not sure that this grade would withstand an appeal.

Let me know if there is anything further you would have me do.

Reed

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G. Reed Holyoak, DVM, PhD, DACT
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<image002.jpg>

From: Gilmour, Margi <margi.gilmour@okstate.edu>
Sent: Tuesday, October 1, 2019 11:52 AM